PTO/SB/50 (06-03)
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Doci	ket No.	H-203754								
	First Named I	Inventor	Matthew H. Fronk								
Mail Stop Reissue Commissioner for Patents	nt Number	6,372,376									
P.O. Box 1450	Original Pater (Month/Day/Y		04/16/2002								
Alexandria, VA 22313-1450	rear) Label No.	ER 231955290 US									
APPLICATION FOR REISSUE OF:			L11 23 1933290 03								
(Check applicable box)											
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPA	NYING APPLICATION PARTS								
1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing	7)		ent of status and support for all s to the claims. See 37 CFR 1.173(c).								
2. Applicant claims small entity status. See 37 CFR 1.27		11. 🗹 Original	Patent Grant O								
3. Specification and Claims in double column copy of pa (amended, if appropriate)	tent format		ibboned Original Patent Grant								
4. Drawing(s) (proposed amendments, if appropriate)		_ 🗌 s	tatement of Loss (PTO/SB/55)								
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)		12. Foreign (if applic	Priority Claim (35 U.S.C. 119)								
6. Power of Attorney		B B	ion Disclosure Copies of IDS nt (IDS)/PTO-1449 Citations								
7. V Original U.S. Patent currently assigned? Ves	No No	English 1	Translation of Reissue Oath/Declaration								
Written Consent of all Assignees (PTO/SB/53)			ary Amendment								
37 CFR 3.73(b) Statement (PTO/SB/96)			Receipt Postcard (MPEP 503)								
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table  16. (Should be specifically itemized)  17. Other:											
Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all of the following are necessary)											
a. Computer Readable Form (CFR)											
<ul> <li>b. Specification Sequence Listing on:</li> <li>i ☐ CD-ROM (2 copies) or CD-R (2 copies); or</li> </ul>	Ĺ	<u> </u>									
ii paper											
c. Statements verifying identity of above copies											
18. CORRESPONDENCE ADDRESS											
Customer Number:		OR	Correspondence address below								
Name General Motors Corporation											
Address   Mail Code 482-C23-B21   P. O. Box 300											
City Detroit	State	9 Michigan	Zip Code   48265-3000								
	ephone   313/665	imonigan	Fax 313/665-4976								
Name (Print/Type) Carly W. Brooks Registration No. (Attorney/Agent) 33361  Signature Date U./20/700.3											
Signature Cay/V/Pa/V Date U/20/2003											

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/56 (08-03)
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DEICCHE ADDITION FOR TRANSMITTAL FORM							Docket Number (Optional)						
REISSUE APPLICATION FEE TRANSMITTAL FORM								H-203754					
Claims as Filed – Part 1													
	(1) (2) (3) Claims Number Filed in Number Extra Ra				Poto	Small	Entity Fee		<u> </u>	Other than a Sr	<del></del>		
	in Patent		Reissue	:		a	a Rate		ree			Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 8	(B)	8	****		=	x \$=					x \$=	
Independent claim (37 CFR 1.16(i))		(D)	2	<u> </u>	<u></u>	=	×\$	_=			or	x\$=	
					Basic Fee (37 CFR 1.16(I			))	\$				\$ <u>770.00</u>
			<u> </u>		Total Filing Fee				\$			OR	\$ <u>770.00</u>
Claims as Amended – Part 2													
(1) (2)					(3) Small Entity			Entity		Other than a	Small Entity		
	After Amendment Pre		est Number eviously Paid For	C	Extra Ilaims resent	Rate	Fee		ĺ	Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	8	MINUS	**		٠.	5	x \$ _	=			x\$=	
Independent Claims (37 CFR 1.16(i))	***	2	MINUS	****	,	=		x \$ _	=			×\$=	
				1		Total Additional Fee \$				\$		OR	\$ 770.00
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims.  **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27.  Please charge Deposit Account Number 07-0960 in the amount of \$770.00													
A duplicate copy of this sheet is enclosed.  The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 07-0960  A duplicate copy of this sheet is enclosed.													
A check in the amount of \$ to cover the						filing/a	dditiona	al fee is	s enclo	sed.			
Payment by credit card. Form PTO-2038 is attached.													
					may becon redit cad ir			and a	uthori	zatior YW	on P	Doll	7
Date Signature of Applicant, Attorney or Agent of Record													
Registration I	33361 Number, if ap	plicable					-	<del></del> -				Brooks nted name	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.